

**BOARD OF REGISTERED NURSING**

PO Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 F (916) 574-8636 | www.rn.ca.gov**PHYSICAL HEALTH EXAMINATION**

Name of Probationary Nurse: _____ License #: _____

TO THE EXAMINER: This probationary nurse is serving a probation term with this Board and has chosen you to perform a physical or mental health examination including a clinical diagnostic evaluation. (1) You must hold a valid, unrestricted license, **which includes scope of practice to conduct a clinical diagnostic evaluation** (2) have at least 3 years of experience in providing evaluations of health professionals with the substance abuse disorder(s)/Issues stated in the Board's Decision, Stipulated Settlement, Accusation and/or Statement of Issues (3) be pre-approved by the Board (The pre-approved evaluator MUST be the individual completing the examination.)

YOUR NAME, LICENSE NUMBER, CURRICULUM VITAE, AND RESUME must be submitted to the Board of Registered Nursing for approval prior to the examination.

The evaluator shall not have a financial relationship, personal relationship, or business relationship with the licensee within the last five years. The evaluator shall provide an objective, unbiased, and independent evaluation.

Before you begin your examination it is recommended that you obtain a CURES report for this nurse.

You must obtain a complete copy of the Board's Decision or Stipulated Settlement including the Accusation or Statement of Issues from the probationary nurse. Complete the examination and submit your narrative report to the Probation Unit no later than _____. **Format the results of your examination in the narrative, and in specific detail, and address all of the sections below and return completed report to the Board of Registered Nursing.**

1. A statement confirming that you have reviewed the Board Decision or Stipulated Settlement and the Accusation or Statement of Issues. Also include the examination date(s).
2. A description of the length of time you have cared for the probationary nurse and for what reasons.
3. A description of any symptom(s), condition(s) or disease(s) that may require treatment.
4. A description of any past or current use and/or abuse of any drugs including alcohol.
5. A description of any medication(s) you have provided prescribed or will be prescribing.
6. Your **diagnosis, prognosis and treatment plan**, including any recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation.
7. Your opinion as to the probationary nurse's capability to perform the functions of a registered nurse in a **safe and competent** manner.
8. Your statement assuring the Board that you meet the criteria shown above in the "To the Examiner" paragraph.

Physician's Name:	License #
Specialty, if any:	
Address:	Phone : ()
Signature:	Date:

Board of Registered Nursing-Probation Unit
Attn: Probation Monitor
PO Box 944210
Sacramento, CA 94424-2100